SCANNED AUG 1 9 2028

Return	of	Private	Foundation
11010111	Ψ.		· oanaation

1912

OMB No 1545-0047

_		. \ Do not enter so		urity numbers of				blic		<u> </u>	
		Revenue Service		-		-	-		O	pen to Public Inspec	tion
_		lendar year 2019 or tax year beginning				, and end				. 20	
_		foundation		•	, 20.0	,		Employe	r identif	ication number	
	CHA:	SE KOCH FOUNDATION INC.						83-16	9730	5	
_		and street (or P O box number if mail is not delivered t	o street a	ddress)		Room/suit	e B			er (see instructions)	
140	IIIDEI	and street (or P. O. box humber it maints not delivered t	o succi a	uuicss)		110011173011		relepirol		or (dec mondentino)	
	- A	- nov. 5004					ļ	/21/		28 - 67 68	
_		. BOX 5004					-	(216	0) 02	0-0/00	
Cı	y or to	own, state or province, country, and ZIP or foreign post	ai code				٦		!	-1	
		/					٦	If exempti pending, o	on applica heck here	e	Ш'
_	WIC	HITA, KS 67201									
G	Che	ck all that apply Initial return		Initial return	of a former p	oublic cha	rity D	1 Foreign	organiza	tions, check here	
		Final return		Amended ref	turn					ations meeting the	
		X Address change	X	Name chang	e	\sim	M .			here and attach	
Н	Che	ck type of organization X Section 501	c)(3) e	xempt private f	oundation	f ju	7-				
٢	∃s	ection 4947(a)(1) nonexempt charitable trust	Пс	ther taxable pr	ıvate founda	tion	=			n status was terminated b)(1)(A) check here .	
Ť					ash X Acc				-	in a 60-month termination	
•		 	_	pecify)			"			(1)(B) check here .	
		· · · · · · · · · · · · · · · · · · ·		(d), must be on ca	ash basis)					· · ·	_
r		Analysis of Revenue and Expenses (The			, , , , , , , , , , , , , , , , , , , ,		Τ - '			(d) Disbursemen	nts
Ш	जा ।	total of amounts in columns (b), (c), and (d)		Revenue and openses per	(b) Net inve		(c)	Adjusted	net	for charitable	
		may not necessarily equal the amounts in		books	incon	ne		ıncome		purposes (cash basis only	v)
÷		column (a) (see instructions))	1	5,000,000.	PARTER TORSES	ENGLIST COLUMN	ASSESSE 140	San Zanton	Kein delik	WILE SPECIFICALISM.	5577 3
	1	Contributions, gifts, grants, etc received (attach schedule) .			STATE OF THE PARTY	Harrista e esco	487.249 488.899.88	25mm 25mm 20mm 25mm 25mm 20mm 25mm 25mm 25mm 25mm 25mm 25mm 25mm 25	Br. 1888	AND CASTO OF STREET WAS	是對於
	2	Check Attach Sch B	8 13110	THURSELLE	ata mes	(c) 40 12 F.X			1.45533		**************************************
	3	Interest on savings and temporary cash investments.				226					12.00
	4	Dividends and interest from securities	ļ	49,776.	4	9,776.					141864
	5 a	Gross rents									200.1
	b	Net rental income or (loss)					"然為於為 ,	FA			
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10		259.	HE KON	area part	HA WAR			通"和你和 "	THE PROPERTY
Revenue	b	Gross sales pnce for all assets on line 6a			を開発を対				MARKET WAS		
Š	7	Capital gain net income (from Part IV, line 2) .	会类 。在	及凝裂的数			330	MIRRIEN AND AND AND AND AND AND AND AND AND AN			M. A
ž	8	Net short-term capital gain	1017(10E	Mar Carvas J		NEW ME				THE PROPERTY OF THE PARTY OF TH	
	9	Income modifications	3400 M		W.16-3644				Witness Co.	100	
	•	Gross sales less returns	2.186	24-24E 1877	- 1987 A	\$\.&\\\\$\.	20.00	91. 2000			1837
		and allowances	8 19		XXXXXXX	* * **	1270	经 公司的决	10.330c	£3672737 (M.)	4
		Less Cost of goods sold .	3000 10 7 1	eludos miniciliares contra anciona			· Charles	Marke Separate a	Parison course	102320000000000000000000000000000000000	
		Gross profit or (loss) (attach schedule)			ar animeters and an	9. J. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10					, 2000, 200
	11	Other income (attach schedule)	 1	5,050,035.	• -	0,035.					WIN.
-	12	Total Add lines 1 through 11		0.				-		13.485 PERSON (1889) 5 13.48 6 9	ii ii wood
s	13	Compensation of officers, directors, trustees, etc	<u> </u>			-				-	
Se	14	Other employee salaries and wages					<u> </u>				
ě	14 15 16a b c 17 18 19 20 21 22 23 24	Pension plans, employee benefits		•	F		H W P	9-0	7		
×	16a	Legal fees (attach schedule)			[>	RECE	11/2	_	+-	,	
E C	b	Accounting fees (attach schedule)					- 7	7			
₹	С	Other professional fees (attach schedule)		<u>-</u>	<u> </u>	KICIVI S	21/			ļ. <u>.</u>	
ra	17	Interest	<u> </u>		[였]	MUN (S	3/20				
ist	18	Taxes (attach schedule) (see instructions)					-	C.	1		
듣	19	Depreciation (attach schedule) and depletion.				<u>\\!\\</u>		IT	1_		1927 H
듄	20	Occupancy			. K	夕堂之上	2 71 2 8	ا (_ بـ		
۲	21	Travel, conferences, and meetings									
Ē	22	Printing and publications									
D.	23	Other expenses (attach schedule) ATCH .1.		6,722.	<u> </u>	6,722.			_		
E	24	•		· · · · · · · · · · · · · · · · · · ·		<u> </u>					
Œ	24	Total operating and administrative expenses.		6,722.		6,722.					
þ		Add lines 13 through 23	 	1,675,000.	THETOMAN	forsillities rate	Liberary	34,180	IN AN	1,675,	000
Ф		Contributions, gifts, grants paid		1,681,722.	outsign College Till	6,722.	2.7.24.384.25	Washing the Contract of the Co		1,675,	
_	26	Total expenses and disbursements Add lines 24 and 25	-	1,001,144.	最後の対象を表する。これ	0,722. Barrir	A Distor	95. (\$ 10 25 80 80 1 Z	Debic was		
	27	Subtract line 26 from line 12		2 260 212							
	а	Excess of revenue over expenses and disbursements		3,368,313.		88-7 BB 35-8	13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	344 J			**************************************
	b	Net investment income (if negative, enter -0-)			4	13,313.					

c Adjusted net income (if negative, enter -0-). . JSA For Paperwork Reduction Act Notice, see instructions. 9E1410 1 000 00990S K922 10/5/2020 9:58:

Form 990-PF (2019)

сP	art II	Balance Sheets A	attached schedules and amounts in the	Beginning of year		End of year	r
			escription column should be for end-of-year mounts only (See instructions)	(a) Book Value	(b) Book Value) Fair Market Value
	1	Cash - non-interest-bearing	3	4,999,988.	824,8	80.	824,880
	2		ash investments				
		Accounts receivable ▶)
			ful accounts ►				-
	4	Pledges receivable ▶	1				
			ful accounts >				
	5		 				
	6		ficers, directors, trustees, and other				
			ch schedule) (see instructions)			- 1	
	7		ceivable (attach schedule)				
			ful accounts ►				
ß	8						
ssets	9		erred charges	_			
As	_	•	government obligations (attach schedule).				
			tock (attach schedule)	· · · · · · · · · · · · · · · · · · ·			
			onds (attach schedule)			-	
	11	Investments - land, buildings,		к			
		and equipment basis Less accumulated depreciation	in 🕨		·		
		(attach schedule)					
	12 13	Investments - mortgage lo	ansATCH 2		17,543,43	21.	17,549,797
	14	Land, buildings, and	Scriedale)		21/010/11		
		equipment basis Less accumulated depreciation	on				· · · · · · · · · · · · · · · · · · ·
	4.5	(attach schedule)					
	15	Other assets (describe				_	
	16	•	ompleted by all filers - see the	4,999,988.	18,368,30	01	18,374,677
_		-	e 1, item I)	4, 333, 300.	10,300,30		10,374,077
	17	• •	crued expenses				
/Λ	18						
ţie	19			· · · · · · · · · · · · · · · · · · ·			
Liabilities	20	·	trustees, and other disqualified persons				
ja]	21		s payable (attach schedule)		· · · · · · · · · · · · · · · · · · ·	_	
1	22	Other liabilities (describe	>)		· · · · · · · · · · · · · · · · · · ·	\dashv	
	22	T-4-1 1-1-1-1-4 /	47 Ab 00)	0.		0.	
_	23		17 through 22)	· · · · · · · · · · · · · · · · · · ·		0.	
alances			FASB ASC 958, check here				
nc		and complete lines 24, 2		4 000 000	10 200 20		
ala	24		restrictions	4,999,988.	18,368,30	<u> </u>	<u> </u>
8	25	Net assets with donor rest	trictions		<u> </u>		
Fund			ow FASB ASC 958, check here				
Ĭ		and complete lines 26 through	gh 30				
ō	26	Capital stock, trust princip	oal, or current funds				
Net Assets	27	Paid-in or capital surplus, or la	ind, bldg, and equipment fund,				
SS	28	Retained earnings, accumula	ted income, endowment, or other funds 🔒 .		10.000.00		
Ė	29	Total net assets or fund b	palances (see instructions)	4,999,988.	18,368,30	J1.	
Vel	30	Total liabilities and	net assets/fund balances (see				
				4,999,988.	18,368,30	31.	
_			ges in Net Assets or Fund Bala				
1			lances at beginning of year - Part l				
			on prior year's return)			1	4,999,988
		er amount from Part I, III		2	13,368,313		
	Oth	3					
4	Add	lines 1, 2, and 3			[4	18,368,301
5	Dec	reases not included in li	ıne 2 (ıtemıze) ►			5	
6	Tota	I net assets or fund bal	ances at end of year (line 4 minus	line 5) - Part II, column (l	b), line 29	6	18,368,301
							Form 990-PF (2019)

		•
າສຕ	e	

Pai	t IV Capital Gains	and Losses for Tax on Inv	estment Income			
	(a) List and des	(b) How acquired	(c) Date acquired	(d) Date sold		
	·	rick warehouse, or common stock, 200	shs MLC Co)	P - Purchase D - Donation	(mo, day, yr)	(mo , day, yr)
<u>1 a</u>	SEE PART IV SCHEI	DULE				
<u>b</u>					-	
<u> </u>						
<u>d</u>						
<u>е</u>			(a) Cook on other hours			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo: ((e) plus (f) minu	
<u>a</u>						
b						
<u> </u>						
<u>d</u>						
<u>е</u>		howing gain in column (h) and owned	t by the foundation on 12/31/69			
	Complete only for assets s		1		Gains (Col (h) ga (k), but not less the	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any	"	Losses (from col	
			Crow day of any			
<u>a</u> b			-	l		
C		· ·		 -		
d						
e						
		(If q	jain, also enter in Part I, line 7			
2	Capital gain net income		loss), enter -0- in Part I, line 7	2		259.
3	Net short-term capital g	ain or (loss) as defined in sections	s 1222(5) and (6)			
	If gain, also enter in P	art I, line 8, column (c) See ins	structions If (loss), enter -0- in $\}$			
		<u> </u>		3		0.
Pai	rt V Qualification l	Jnder Section 4940(e) for Re	duced Tax on Net Investment I	ncome		
Was		the section 4942 tax on the distril	butable amount of any year in the b	ase perio	d?	Yes X No
_		n't qualify under section 4940(e)			atrice .	
1_	(a)		ear, see the instructions before making	ng any er I	(d)	
	Base penod years	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra	
Cal	endar year (or tax year beginning in) 2018		4,309,365.		(cor (b) divided by	coi (c))
	2017		,			
	2016					
	2015					· · · · · · · · · · · · · · · · · · ·
	2014			_	-	
2	Total of line 1, column (d)		2		0.
3	Average distribution rati	io for the 5-year base period - divid	de the total on line 2 by 5 0, or by			
			if less than 5 years	3	<u> </u>	
	·					
4	Enter the net value of ne	oncharitable-use assets for 2019	from Part X, line 5	4	19,	265,935.
5	Multiply line 4 by line 3.			5		
						422
6	Enter 1% of net investm	nent income (1% of Part I, line 27b))	6		433.
				_		433.
7	Add lines 5 and 6			7		433.
				8	1	675,000.
8	Enter qualifying distributed in the second second in the s	tions from Part XII, line 4 greater than line 7, check the box	x in Part VI, line 1b, and complete			

Form 990-PF (2019)

	3	*	,		
Form	990-PF (2019) CHASE KOCH FOUNDATION INC.	83-169	7305	ı	Page 4
(Pai	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948 - see	instru	ıction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1)				•
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			•	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			433.
	here X and enter 1% of Part I, line 27b				
С					. <u></u> i
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2			
3	Add lines 1 and 2	3			433.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5			433.
6	Credits/Payments				
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a				•
þ	Exempt foreign organizations - tax withheld at source				- {
С	Tax paid with application for extension of time to file (Form 8868) 6c 880.				1
d	Backup withholding erroneously withheld				
7	Total credits and payments Add lines 6a through 6d	7			880.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			447.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			447.
11	Enter the amount of line 10 to be Credited to 2020 estimated tax 447. Refunded	11			
	t VII-A Statements Regarding Activities		Τ	Yes	Na
та	During the tax year, did the foundation attempt to influence any national, state, or local legislation		1a	res	No X
	participate or intervene in any political campaign?		10		
D			1b		x
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of an				
	published or distributed by the foundation in connection with the activities	iy illateriais			
_	Did the foundation file Form 1120-POL for this year?		1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
ŭ	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$ 0.				
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax	 imposed			
·	on foundation managers > \$				l
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
-	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrum	ent, articles			i i
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b		Χ_
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T				!
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				

• By state legislation that effectively amends the governing instrument so that no mandatory directions that

Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

8a Enter the states to which the foundation reports or with which it is registered. See instructions

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes," Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses .ATCH 3 Χ

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8b

Form **990-PF** (2019)

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JSA

DE, KS,

Par	t VII-A Statements Regarding Activities (continued)			
- U	- Catalonio regarding vicinitato (community		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			<u> </u>
• • •	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			_
12	person had advisory privileges? If "Yes," attach statement See instructions	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
13	Website address ► N/A			<u> </u>
14	The books are in care of ► KARA WORTHINGTON Telephone no ► 316-828-	-676	8	
14	Located at ▶P.O. BOX 5004 WICHITA, KS ZIP+4 ▶ 67201			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		•	TT
13	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			i
	the foreign country	1		{
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	•		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			Ì
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	,		
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			{
	termination of government service, if terminating within 90 days) Yes X No			1
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			I
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here ▶ ☐			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			l '
	were not corrected before the first day of the tax year beginning in 2019?	1c	ļ	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	1		İ
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			į
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			}
	6d and 6e) for tax year(s) beginning before 2019? Yes X No			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			}
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		-	i
	all years listed, answer "No" and attach statement - see instructions)	2b	1	<u> </u>
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here]
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
b	off "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of		,	.
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the	3 h		
_	foundation had excess business holdings in 2019)	3b 4a		X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	44	,	1
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X
		QQ	O DE	

୍ Pai	Statements Regarding Activities	for which Form	4720 May be Req	uneu (continueu)	
5a	During the year, did the foundation pay or incur any amo	ount to			? Yes No
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	n 4945(e))?	. Yes X No	
	(2) Influence the outcome of any specific public ele				
	directly or indirectly, any voter registration drive?			Yes X No	
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes?		. Yes X No	
	(4) Provide a grant to an organization other than a				
	section 4945(d)(4)(A)? See instructions				
	(5) Provide for any purpose other than religious, cl	naritable, scientific, I	iterary, or educationa	 nl	
	purposes, or for the prevention of cruelty to children			[] v	
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the ex	ceptions described in	
	Regulations section 53 4945 or in a current notice regar				5b
	Organizations relying on a current notice regarding disa	ster assistance, check	here		
С	If the answer is "Yes" to question 5a(4), does the				
-	because it maintained expenditure responsibility for the				
	If "Yes," attach the statement required by Regulations s				
6a	Did the foundation, during the year, receive any fur		ectly, to pay premiur	ns	
	on a personal benefit contract?			. Yes X No	
b	Did the foundation, during the year, pay premiums, dire			ct?	6b X
	If "Yes" to 6b, file Form 8870				
7a	At any time during the tax year, was the foundation a p	arty to a prohibited tax	shelter transaction?	. Yes X No	
b	If "Yes," did the foundation receive any proceeds or ha	ve any net income attr	butable to the transacti	on?	7b
8	Is the foundation subject to the section 4960 tax on page				
	remuneration or excess parachute payment(s) during the	year ⁹	· · · · · · · · · · · · · · · · · · ·	. Yes X No	
Pa	Information About Officers, Directo	rs, Trustees, Fou	ndation Managers	s, Highly Paid Emp	oloyees,
1	List all officers, directors, trustees, and foundat	ion managers and	their compensation	See instructions.	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expense account,
	(a) Name and address	devoted to position	enter -0-)	and deferred compensation	other allowances
3.000			0.	0.	0.
ATC	1 4			0.	
	· · · · · · · · · · · · · · · · · · ·				
		1			
	Compensation of five highest-paid employees	(other than thos	e included on line	1 - see instruction	ons) If none enter
2	"NONE."	(other than thos	e moradea on mix	o i see mende	
				(d) Contributions to	·
1		(b) Title, and average			(e) Expense account.
(a)	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	(e) Expense account, other allowances
(a)	Name and address of each employee paid more than \$50,000	`hours per week `	(c) Compensation	'employee benefit	
		`hours per week `	(c) Compensation	employee benefit plans and deferred	
(a)	Name and address of each employee paid more than \$50,000	`hours per week `	(c) Compensation	employee benefit plans and deferred	
(a)		`hours per week `	(c) Compensation	employee benefit plans and deferred	
(a)		`hours per week `	(c) Compensation	employee benefit plans and deferred	
(a)		`hours per week `	(c) Compensation	employee benefit plans and deferred	
(a)		`hours per week `	(c) Compensation	employee benefit plans and deferred	
(a)		`hours per week `	(c) Compensation	employee benefit plans and deferred	
(a)		`hours per week `	(c) Compensation	employee benefit plans and deferred	
(a)		`hours per week `	(c) Compensation	employee benefit plans and deferred	
		hours per week devoted to position		employee benefit plans and deferred	

NONE

All other program-related investments. See instructions

Page 8

Pai	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign fou	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		14 502 222
	Average monthly fair market value of securities	1a	14,583,333.
b	Average of monthly cash balances,	1b	4,975,992.
С	, , , , , , , , , , , , , , , , , , , ,	1c	
	Total (add lines 1a, b, and c)	1d	19,559,325.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	19,559,325.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	293,390.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	19,265,935.
6	Minimum investment return. Enter 5% of line 5	6	963,297.
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating fou	ndations	
	and certain foreign organizations, check here ▶ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	963,297.
2 a	Tax on investment income for 2019 from Part VI, line 5 2a 433.		
b	Income tax for 2019 (This does not include the tax from Part VI) 2b	1	
-	Add lines 2a and 2b	2c	433.
3	Distributable amount before adjustments Subtract line 2c from line 1		962,864.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4 ,	5	962,864.
	Deduction from distributable amount (see instructions)	6	
6 7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
′		7	962,864.
_	line 1	l	
Pa	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	1,675,000.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	~	
а		3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,675,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	-	
•	Enter 1% of Part I, line 27b See instructions.	5	433.
6			1,674,567.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		
	Note: The amount on line o will be used in Part V. Column (b), in subsequent years when Co	ilculatiii	g whether the loundation

Form **990-PF** (2019)

qualifies for the section 4940(e) reduction of tax in those years

Pa	rt XIII Undistributed Income (see instr	ructions) -		· · · · · · · · · · · · · · · · · · ·	
1	Distributable amount for 2019 from Part XI,	(a) . Corpus	, (b) Years prior to 2018	(c) 2018	(d) 2019
•	٠				962,864.
_	line 7			744 WASSES-1, A SESSEMENTANCE OF 1995 ASSA	
	Undistributed income, if any, as of the end of 2019			215,468.	
	Enter amount for 2018 only	7-31-33 X 10-34 X 10-3	**: ***		
	Total for pnor years 20 17,20 16,20 15				#1.464#771#8012#85-4896-71
3	Excess distributions carryover, if any, to 2019				The above the second
	From 2014				
	From 2015				
_	From 2016				
	From 2017	art Bet			
	From 2018		ALLES AND KIND OF THE ABOUT		
	Total of lines 3a through e	TENNESSER TARABASE		a singer a factor singer security 1 1 day, o organ,	
4	Qualifying distributions for 2019 from Part XII, line 4 > \$ 1,675,000.				
_				215,468.	
	Applied to 2018, but not more than line 2a				\$50.50 March 200.50 March 200.5
b	Applied to undistributed income of prior years		•		
1	(Election required - see instructions)	7401-2001-X-20-00-2018-078-08-08-08-08-08-08-08-08-08-08-08-08-08			
С	Treated as distributions out of corpus (Election	_			
_	required - see instructions)				962,864.
	Applied to 2019 distributable amount	496,668.			
	Remaining amount distributed out of corpus Excess distributions carryover applied to 2019	130,0001	AND	1886 - 42 1886 - 42 1886 - 42 1886 - 42 1886 - 42 1886 - 42 1886 - 42 1886 - 42 1886 - 42 1886 - 42 1886 - 42	STREET, ASSOCIATION OF THE TOTAL TOTAL
	(If an amount appears in column (d), the same amount must be shown in column (a))	•			
_	P				SANGE TO SAN
6	Enter the net total of each column as indicated below:	i v			grants mould be a might our region of the
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	496,668.			
	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				44-2200-44-400-69-4
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a) tax has been previously assessed				
, q	Subtract line 6c from line 6b Taxable				
	amount - see instructions	26-10 () () () () () () () () () (er en
е	Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see			·	
	instructions			SOMEONO CONTRACTOR CONTRACTOR OF THE STATE O	
f	Undistributed income for 2019 Subtract lines				
•	4d and 5 from line 1 This amount must be				
	distributed in 2020	25:527/58/29/24/6			
7	Amounts treated as distributions out of corpus	^			
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be			ilinia in milani. Madata darin	hillipuddinishina ing Bruponidha (46 apintul piri
	required - see instructions)				PRESIDENCE CANADA NO. 1
8	Excess distributions carryover from 2014 not	,			
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2020.	196,660.			need Addition of the Control of the
4.0	Subtract lines 7 and 8 from line 6u				
	Analysis of line 9 Excess from 2015				
	Excess from 2015				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019 496, 668.				
<u> </u>		The second secon		The second second second manager 500 and	

Pa	rt XIV Private Op	erating Foundations	(see instructions a	nd Part VII-A, quest	ion 9)	NOT APPLICABLE/
	If the foundation has			•		
	foundation, and the ruling	-			-	
b	Check box to indicate v	=	_			J)(3) or 4942(J)(5)
	Enter the lesser of the ad-	Tax year		Prior 3 years	<u> </u>	
	justed net income from Part	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	I or the minimum investment	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1,7		
	return from Part X for each					
	year listed					-
D	85% of line 2a		<u> </u>			
С	Qualifying distributions from Part					
ч	XII, line 4, for each year listed .				 / 	-
u	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made					
	directly for active conduct of exempt activities Subtract line					
	2d from line 2c					
3	Complete 3a, b, or c for the					
а	"Assets" alternative test - enter				-	
	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section					
b	4942(j)(3)(B)(i)			•		
	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
_	"Support" alternative test - enter					
٠	(1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on secunties					
	loans (section 512(a)(5)).					
	or royalties)		/			
	(2) Support from general public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(III)					
	(3) Largest amount of sup-					
	port from an exempt organization					
	(4) Gross investment income.					
Pa				only if the found	ation had \$5,000 o	or more in assets at
		uring the year - see	·			
	•					
а	List any managers of	the foundation who h	nave contributed mor	e than 2% of the tot	al contributions recei	ved by the foundation
	before the close of any	y tax year (but only if th	iey have contributed r	more than \$5,000) (S	See section 507(d)(2))	
	C. CHASE KO	OCH				
b	List any managers of					ly large portion of the
	ownership of a partner	rship or other entity) of	which the foundation	n has a 10% or greate	r interest	
	N/A					
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsh	hip, etc., Programs:		
					ritable organizations	and does not accept
	unsolicited requests for	or funds If the found	ation makes gifts, gra	ants, etc. to individua	als or organizations u	inder other conditions,
	complete items 2a, b,			,,	J	•
a	The name, address, a			he person to whom ap	plications should be ad	dressed
-		p.iioiio iioiiiooi		4	,	
h	The form in which app	lications should be sub	mitted and information	on and materials they	should include	
5	o totti ili willon app		toa aa mioriilati	2 2		
	Any submission deadle	200			= =	<u></u>
ď	miy subillission deadil	1163				
	Any restrictions as Is	imitations on suissels	such as hy socar	anhical areas chort	able fields kinds of	institutions or other
đ	Any restrictions or li	imitations on awards	, such as by geogr	apinicai aleas, chafit	able lielus, Killus Of	manunona, or other

Page **11**

Form 990-PF (2019)				Page 1 1
Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid Due Recipient Name and address (home or business)	ring the Year or App	roved for	Future Payment	T
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
3 mov. 5				
ATCH 5				
		ļ		
			1	
Total				1,675,000.
b Approved for future payment	1			
2 / Approved for ratary payment				
		<u> </u>		
Total	<u> </u>		▶ 3b	

Page **12**

Part XVI	-A Analysis of Income-Prod	ucing Act	ivities			
-	s amounts unless otherwise indicated	Unrela	ated business income	Excluded by	y section 512, 513, or 514	(e)
1 Program	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
=						(OCC III SII GCIIONS)_
. —	· · · · ·				-	·
				 		
	<u> </u>					
f						
	and contracts from government agencies					
_	rship dues and assessments					
	•					
	on savings and temporary cash investments - ds and interest from securities			14	49,776.	
	tal income or (loss) from real estate			_		,
	t-financed property					
	debt-financed property				_	
	al income or (loss) from personal property					
	nvestment income					, , , , , , , , , , , , , , , , , , , ,
	(loss) from sales of assets other than inventory			18	259.	
	ome or (loss) from special events				·	
	profit or (loss) from sales of inventory.					
•	evenue a					
	·					
е						
12 Subtota	Add columns (b), (d), and (e)				50,035.	<u> </u>
13 Total. A	add line 12, columns (b), (d), and (e)				13	50,035.
(See works	heet in line 13 instructions to verify calc					
Part XVI	-B Relationship of Activitie	s to the A	ccomplishment of E	xempt Pur	poses	
Line No ▼	Explain below how each activit accomplishment of the foundation	-	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·			
					······································	
	<u> </u>					
					· · · · · · · · · · · · · · · · · · ·	
		-				
						
					·	

Part	XVII	Information Ro Organizations	egarding	Transfer	s to and	Transac	tions an	d Relationsh	ips With	Noncha	ritable I	Exompt
ì	in sec	organization direct tion 501(c) (other										s No
	_	cations? ers from the reportin	ng foundat	ion to a noi	ncharitable	e exempt o	rganizatio	n of [.]			4.53 50	3.
((1) Cas	sh									1a(1)	X
((2) Oth	ner assets								. <i></i>		Х
b	Other t	ransactions:									in .	T. 18.44
		es of assets to a no										X
		chases of assets fro										X
((3) Rei	ntal of facilities, equi	ipment, or	other asset	s						1b(3)	<u> </u>
		mbursement arrang										X
		ins or loan guarantee										X
		formance of service		-		-						X
		g of facilities, equipm										X
d !	if the	answer to any of th	e above	is "Yes," co	mplete th	e following	schedu	le. Column (b)	should alv	ways show	v the fair	market
		of the goods, other										
		n any transaction or		me of nonchar								
(a) Lin	16 110	(b) Amount involved N/A	(¢) Na	me or nonchai	парю ехетр	n organization	N/	Description of trans	sters, transact	nons, and sna	anng arrange	ments
	\rightarrow		 				- 117					
	_		 									
		<u></u>	 									
		· <u>-</u>	 			 						
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			ļ									
	-		}									
	-	· · · · · · · · · · · · · · · · · · ·		·								
1	describ	foundation directly ped in section 501(c) " complete the follo	(other tha	an section 5							X Yes	□ No
	11 163	(a) Name of organization		duie.	(b) Type	of organization		1	(c) Description	on of relation	ship	
CCF	KC4.			501	(C) (4)		<u></u>	BROTHER-	-		<u>-</u>	
			•		-10/1-/							
										·		
Sign	correc	penalties of perjury, I decis t, and complete. Depleration of						has any knowledge.		my knowled		
Here		して	<u>.</u>		1 1111	2120	_ ₹	Pregiden.	<u>r </u>		eparer show	n <u>bal</u> ow?
	Sign	nature of officer or trustee			Date		Title		l	See instruction	15 X Ye	s No
<u> </u>		Print/Type preparer's na	me	Pr	reparer's sign	ature Al A A	01	Date	Che	ck If	PTIN	
Paid		MICHAEL J ENG	LE			MX	LL	11/15/	2020 self-		P00482	834
Prep	arer	Firm's name BK	D, LLP		u	•		<u> </u>	Firm's EIN		160260	
Use	Only		01 WAL		TE 1700)						
		KA	MSAS C	TY, MO		 .		64106-2246	Phone no		21-6300	
										Fo	m 990-P	F (2019)

'2019 FORM 990-PF CHASE KOCH FOUNDATION INC. FORM 990-PF - PART IV

	VO AND LOGGED FOR T	<u>TAX ON INVESTMENT INCOME</u>
CADITAL CA	NG KKIN I NGGLG LND I	
CAPLIAL GA	NO AND LUGGES FUR I	IAX ON HAVESTULENT INCOME
	10 / 11 	<u> </u>

<i></i>	APITAL GAI	INO AND LU	JOSES FUR	Y IAX UN	HANESI	IVIII P	ENT INCOM	<u> </u>
Kind of Property		Description				DI DI	Date acquired	Date sold
Gross sale	Depreciation	Cost or	FMV	Adj basis	Excess of	۲	Gain	· · · · · · · · · · · · · · · · · · ·
price less	allowed/	other	as of 12/31/69	as of 12/31/69	FMV over adj basis	$\ \cdot \ $	or (loss)	
expenses of sale	allowable	basis	1 12/3//09	1_12/3//09	i auj Dasis	\dagger	(1033)	
		VAPOR II IN	V - PASS-THE	RU ENTITY		P		
		PROPERTY TY						
259.						Н	259.	
						П		
						Н		
1								
TOTAL GAIN(L	oss)	}				Н	259.	
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2019

Name of the organization			Employer identification number				
CHASE KOCH FOUNDAT	ION INC.		00.1607005				
			83-1697305				
Organization type (check	one)						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) ı	nonexempt charitable trust not treated as a priv	vate foundation				
	527 politica	527 political organization					
Form 990-PF	X 501(c)(3) ex	xempt private foundation					
	4947(a)(1)	nonexempt charitable trust treated as a private	foundation				
	501(c)(3) ta	exable private foundation					
Check if your organization Note Only a section 501(dinstructions		al Rule or a Special Rule. ration can check boxes for both the General Rule	and a Special Rule See				
General Rule							
	ey or property) from any	-EZ, or 990-PF that received, during the year, one contributor. Complete Parts I and II. See in:					
Special Rules							
regulations unde 13, 16a, or 16b,	r sections 509(a)(1) and and that received from a	501(c)(3) filing Form 990 or 990-EZ that met the 170(b)(1)(A)(vi), that checked Schedule A (For any one contributor, during the year, total contributor, 990, Part VIII, line 1h, or (ii) Form 990-EZ,	rm 990 or 990-EZ), Part II, line ributions of the greater of (1)				
contributor, duri	ng the year, total contrib	501(c)(7), (8), or (10) filing Form 990 or 990-E outions of more than \$1,000 exclusively for religi the prevention of cruelty to children or animals	ious, charitable, scientific,				
contributor, duri contributions tot during the year t General Rule ap	ng the year, contributions aled more than \$1,000 l or an <i>exclusively</i> religious plies to this organization	501(c)(7), (8), or (10) filing Form 990 or 990-Es exclusively for religious, charitable, etc., purpout this box is checked, enter here the total controls, charitable, etc., purpose. Don't complete any because it received nonexclusively religious, charitable.	oses, but no such ributions that were received y of the parts unless the naritable, etc, contributions				
-	_	General Rule and/or the Special Rules doesn't the street IV line 2 of its Form 990, or check the box					

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

9E1251 1 000

Employer identification number 83-1697305

Part I	Contributors (see instructions) Use duplicate copi	es of Part I if additional space is ne	eded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	P.O. BOX 5004 WICHITA, KS 67201	\$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	KC 2009 FAMILY TRUST P.O. BOX 5004 WICHITA, KS 67201	\$ <u>14,000,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

1187030

Employer identification number 83-1697305

Part II	Noncash Property	(see instructions)	Use duplicate cor	oies of Part II if additiona	I space is needed
		(000			

aiti	Notices in Troperty (See instructions) Osc dupite topics	or rait in it deathor at opace to the	0000
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received
		 \$	

Employer identification number

83-1697305

the t cont	following line entry For organizati ributions of \$1,000 or less for the	ons completing Part III, ente e year. (Enter this information	ntributor. Complete columns (a) through (e) an er the total of <i>exclusively</i> religious, charitable, etc on once. See instructions) ►\$
(a) No from Part I	duplicate copies of Part III if addit (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
	Tours formation and an analysis of the state	(e) Transfer of gift	Relationship of transferor to transferee
	Transferee's name, address, a	10 ZIF + 4	relationship of transferor to transferee

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

ATTACHMENT 1

83-1697305

- OTHER EXPENSES FORM 990PF, PART I

		IN		ı		
REVENUE	AND	EXPENSES	PER BOOKS	108.	6,614.	
					INVESTMENT EXP	
			DESCRIPTION	BANK FEES	VAPOR II INV -	

108. NVESTMENT INCOME 6,722.

6,722.

TOTALS

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1187030

ĺ	7
	ATTACHMENT

OTHER INVESTMENTS
- II
PART
990PF,
FORM

ENDING <u>FMV</u>	17,549,797.
ENDING BOOK VALUE	17,543,421.
BEGINNING BOOK VALUE	
DESCRIPTION	VAPOR II INVESTMENTS, LLC

TOTALS

17,549,797.

2019 FORM 990-PF

83-1697305

ATTACHMENT 3

FORM 990PF, PART VII-A, LINE 10 - SUBSTANTIAL CONTRIBUTORS

NAME AND ADDRESS

KC 2009 GIFT TRUST P.O. BOX 5004 WICHITA, KS 67201

KC 2009 FAMILY TRUST P.O. BOX 5004 WICHITA, KS 67201

1187030

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CHASE KOCH FOUNDATION INC.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

83-1697305 ATTACHMENT 4

EXPENSE ACCT AND OTHER CONTRIBUTIONS TO EMPLOYEE

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

NAME AND ADDRESS

DIR./PRES., SEC., & TREAS.

1.00

P.O. BOX 5004 WICHITA, KS 67201

C. CHASE KOCH

COMPENSATION

BENEFIT PLANS

ALLOWANCES

GRAND TOTALS

2019 FORM 990-PF	
INC	
FOUNDATION	
КОСН	
CHASE	

83-1697305

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 5

CONTRIBITION		25,000	100,000	1,100,000	. 100,000	350,000
PURPORE OF GRANT OR CONTETRUITION	FURFUSE OF GRANT OR	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF PETIPIENT	FOUNDATION STATUS OF RECIFIENT	NONE PC	NONE PC	NONE PC	NONE PC	NONE PC
DECTUTENT NAME AND ADDRESS	KECLFIENI NAME AND ADDRESS	KANSAS BIG BROTHERS BIG SISTERS 310 E 2ND STREET NORTH WICHITA, KS 67202	MARK ARTS, INC 1307 N ROCK RD WICHITA, KS 67206	PHOENIX MULTISPORT, INC 2233 CHAMPA STREET DENVER, CO 80205	WICHITA STATE UNIVERSITY 1845 FAIRWOUNT ST WICHITA, KS 67260	WONDER INC (D/B/A THE WONDER INSTITUTE) 1900 RESEARCH PLACE

TOTAL CONTRIBUTIONS PAID

1,675,000

ATTACHMENT 5